

Health-Care Services - Utilization and Quality Management

II. CLINICAL QUALITY MANAGEMENT PROGRAM (CQMP)

The contractor shall operate a CQMP which results in demonstrable quality improvement of the health care provided beneficiaries and of the process and services delivered by the contractor. Structural and functional components include the quality management plan in which the contractor shall fully describe exactly how the program will be structured and operated as well as the specific measures which will be used in monitoring and ensuring that program requirements are being met (*refer to Lead Agent requirements in the contract*). The CQMP incorporates the required criteria for the selection and monitoring of both institutional network providers and individual network providers who are licensed healthcare practitioners and healthcare providers, the criteria for the review of medical treatment, and the monitoring and evaluation of quality, as reflected in the structure, process, and measurable outcomes of health care services delivered to beneficiaries in the region. This monitoring and evaluation process shall be designed to examine individual occurrences as well as to examine the quality of services within given time intervals trended over time. The contractor shall use statistically valid research methods which adjust for age, sex, ethnicity, socioeconomic status (rank), case complexity, and provider (individual, institutional, network, nonnetwork, military and civilian) to generate meaningful information to support improvements in the health status of the population and to support decisions by the Lead Agents, MTF Commanders, and the Assistant Secretary of Defense for Health Affairs [ASD(HA)].

A. Clinical Quality Management Program Structural and Functional Requirements

1. The contractor shall establish an independent organizational unit to administer and coordinate CQMP activities.
2. The contractor shall participate in monthly, or less frequently if directed by the Lead Agent, region level quality management committees.
3. The contractor shall develop and implement written policies and procedures to identify potential quality issues, identify steps to resolve identified problems, provide interventions to resolve problems, and provide ongoing monitoring of all components of the contractor's operations and the care and treatment of TRICARE beneficiaries.
4. The contractor shall submit to the Lead Agent for the region and the ASD(HA) no later than ninety (90) *calendar* days after the end of each calendar quarter a report of the CQMP activities; problems identified and resolved; ongoing problems and corrective action plans; improvements in the care provided *to* beneficiaries and the contractor's operations.
5. The contractor shall make available each option period five percent (5%) of inpatient medical records or copies of records for retrospective quality review by the Government or an external (independent) peer review entity contracted by the Government (e.g. Quality Monitoring Contractor). The government shall designate which records or record types shall be provided and the contractor shall provide the requested records within forty-five (45) calendar days.

Health-Care Services - Utilization and Quality Management

II.A.6.

6. The contractor's Clinical Quality Management Program Plan shall describe, in detail, the contractor's processes, procedures, goals, and standards. *The offeror's plan shall be submitted with the proposal.* Revised plans shall be submitted through the Lead Agent to the Contracting Officer for approval. The contractor shall submit revised plans to the Lead Agent no later than ninety (90) calendar days prior to the start of each option period. In addition to the requirements in [Section II.B.](#) of this section, the plan shall also include the requirements of 32 CFR 199, the Policy Manual, and [OPM Part Two, Chapter 7, Section IV.](#) The program shall provide both quality and program integrity reviews.

B. Clinical Quality Management Program Components

1. The contractor's CQMP shall ensure that all network providers meet or exceed the requirements delineated in [OPM Part Three, Chapter 1, Section I.B.2., and Addendum B; and the Lead Agent requirements of the contract.](#) Additionally, the programs shall monitor and trend providers' clinical performance, practice patterns, complaints and commendations. The plan shall include the integration of this information in an annual review of network providers to determine their suitability for retention in the network.

2. The contractor shall assess the quality of services provided by and access to the network using the indicators contained in [Addendum E](#) of this chapter.

3. The contractor shall establish a procedure where a beneficiary may receive a second medical opinion on a diagnosed medical condition and/or a recommended treatment modality. The Health Care Finder shall facilitate access whenever a beneficiary indicates a desire for a second opinion.